



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 6/1/2006

SUBJECT: Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program and PDL Quicklist & Termination of Automatic PDL Prior Authorizations for Long-Acting Narcotics: Effective July 1, 2006

The purpose of this memorandum is to inform you of:

- Modifications to Virginia Medicaid's PDL (effective July 1, 2006); and
- Upcoming termination of automatic PDL prior authorization for Long-Acting Narcotics (effective July 1, 2006)

PREFERRED DRUG LIST UPDATES – EFFECTIVE JULY 1, 2006

DMAS implemented the PDL program to provide clinically effective and safe drugs to its clients in a cost-effective manner. The PDL is a list of preferred drugs by therapeutic class for which the Medicaid program allows payment without requiring prior authorization (PA). In designated classes, drug products classified as non-preferred will be subject to PA. Other clinical criteria may also apply for each respective drug class. There are provisions for a 72-hour supply of necessary medications so that this initiative will not cause an individual to be without an appropriate and necessary drug therapy.

The PDL is effective for the Medicaid, MEDALLION, and FAMIS Plus fee-for-service populations. The PDL **does not** apply to recipients enrolled in a Managed Care Organization or to FAMIS enrollees. Your continued support of this program is critical to its success.

DMAS implemented Phase II of the PDL in April and July of 2004 with 17 therapeutic drug classes. The Pharmacy & Therapeutics (P & T) Committee recently conducted its second annual review of the PDL Phase II drug classes and several changes were made to the preferred status of drugs in these classes.

The therapeutic classes included in the latest annual review of PDL Phase II were:

- Oral Hypoglycemics
 - Second Generation Sulfonylureas
 - Alpha-Glucosidase Inhibitors
 - Biguanides
 - Biguanide Combination Products
 - Meglitinides
 - Thiazolidinediones (TZDs)
- Leukotriene Modifiers
- Non-Steroidal Anti- Inflammatory Drugs (NSAID)
- Serotonin Receptor Agonists (Triptans)
- Oral Antifungals for Onychomycosis
- Bisphosphonates for Osteoporosis
- Second Generation Cephalosporins (Antibiotics)
- Third Generation Cephalosporins (Antibiotics)
- Second Generation Quinolones – Systemic (Antibiotics)
- Third Generation Quinolones – Systemic (Antibiotics)
- Macrolides - Adult and Pediatric (Antibiotics)
- Antihyperkinesis/CNS Stimulants (Medications for ADD/ADHD)
- Alpha-2 Adrenergic - Ophthalmic
- Beta-blockers -Ophthalmic
- Carbonic Anhydrase Inhibitors-Ophthalmic
- Prostaglandin Inhibitors -Ophthalmic
- Long-Acting Narcotics

The Pharmacy and Therapeutics Committee also deemed six new drug classes “PDL eligible” and those classes will be included with Phase II in the future. The six new drug classes subject to the PDL beginning July 1, 2006 include:

- Ophthalmic Anti-Inflammatory
- Ophthalmic Quinolones
- Ophthalmic Antihistamines
- Ophthalmic Mast Cell Stabilizers
- Herpes Antivirals
- Influenza

The Pharmacy and Therapeutics Committee also evaluated a new drug within a PDL Phase I drug class (Beta Adrenergics). Based on this review of Phase II drug classes, new drug classes, and the new drug in Phase I, effective July 1, 2006, the additions and changes to the PDL are as follows:

ADDITIONS AND CHANGES TO PREFERRED STATUS

Glimepiride (Second Generation Sulfonylureas)
Actoplus Met (Thiazolidinediones -- TZDs)
Glipizide/Metformin and Glyburide/Metformin (Oral Hypoglycemics – Biguanides)
Xopenex HFA (Beta Adrenergics)
Acyclovir Tablet, Acyclovir Suspension, Valtrex, and Famvir (Herpes Antivirals)
Zaditor, Patanol, Elestat, and Optivar (Ophthalmic Antihistamines)
Vigamox, Ofloxacin Drops, Ciprofloxacin HCL Drops, Zymar and Quixin (Ophthalmic Quinolones)
Flurbiprofen Sodium, Voltaren Drops, Acular, Acular LS, Nevanac, and Xibrom (Ophthalmic Anti-Inflammatory)
Amantadine HCL Syrup, Amantadine HCL Capsule, Rimantadine HCL, Relenza, Tamiflu Suspension and Tamiflu Capsule (Influenza)
Cromolyn Sodium Ophthalmic, Alocril, Alomide, and Alamast (Ophthalmic Mast Cell Stabilizers)

ADDITIONS AND CHANGES TO NON-PREFERRED STATUS

Metaglip and Glucovance (Oral Hypoglycemics – Biguanides)
Zovirax Tablet and Zovirax Suspension (Herpes Antivirals)
Emadine (Ophthalmic Antihistamines)
Ocuflox Drops, Ciloxan Drops, and Ciloxan Ointment (Ophthalmic Quinolones)
Acular PF and Ocufen (Ophthalmic Anti-Inflammatory)
Flumadine Tablet and Flumadine Syrup (Influenza)
Crolom (Ophthalmic Mast Cell Stabilizers)

The updated PDL Quicklist reflecting all changes is attached. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). If the drug requested is not on the list, a PA is required.

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting <http://www.dmas.virginia.gov/pharm-home.htm> or <https://virginia.fhsc.com>. Additional information and Provider Manual updates will be posted as necessary. Comments regarding this program may be emailed to the P&T Committee at pdlinput@dmas.virginia.gov.

TERMINATION OF AUTOMATIC PDL PRIOR AUTHORIZATION FOR LONG-ACTING NARCOTICS - EFFECTIVE JULY 1, 2006

With the implementation of Long-Acting Narcotics on the PDL in January 2005, many “automatic” prior authorizations were granted to recipients who were stabilized on these drugs and/or had certain diagnoses. The automatic PA allows an override of both the clinical and PDL

requirements, therefore, providing full access to these medications without clinical review. To date, the automatic PAs have not expired.

Effective July 1, 2006, these automatic PAs for Long-Acting Narcotics will close. Those recipients for whom Long-Acting Narcotics remain medically necessary will require a new PA for these drugs. All affected recipients, together with their medical or pharmacy provider, will receive notification of this change. PAs for Long-Acting Narcotics granted within the past year (with specific termination dates) will not be affected.

New claims for Long-Acting Narcotics require step therapy. The medically appropriate doctor should prescribe Short-Acting Narcotic therapy before any of the Long-Acting Narcotic drugs will be covered. With this method, Medicaid covers specific high-cost drugs only after clinically appropriate, proven, and more cost-effective Short-Acting Narcotics are attempted. If Short-Acting Narcotics do not provide the required therapeutic benefit, Medicaid will cover a Long-Acting Narcotic.

A PA for a Long-Acting Narcotic drug will be granted without trial of a Short-Acting Narcotic prescription drug if specific medical criteria have been met. This approach ensures the appropriate use of medication in the most cost-effective manner. Those patients, who have received two recent trials of Short-Acting Narcotic in their drug history, will automatically be exempt from the step therapy requirements and will not need to request a PA through their doctor's office for a Preferred Long-Acting Narcotic drug.

This method is not required for new patients who need relief from moderate to severe pain that requires around-the-clock opioid therapy for an extended period. In other words, such patients can immediately bypass Short-Acting Narcotics for Long-Acting Narcotics if their condition warrants such treatment. However, these patients will still need to request a PA through their doctor's office. Once the step therapy clinical edit is satisfied, the Preferred Drug List (PDL) applies. The length of the PAs for Long-Acting Narcotics will be six months.

For more information on specific PA criteria for Long-Acting Narcotics, go to the DMAS website (www.dmas.virginia.gov), click on "Pharmacy Services" in the left-hand column entitled "DMAS Content Menu," then click on "Preferred Drug List," and select "PDL Criteria."

PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient's prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter, faxing the attached form to 1-800-932-6651, or contacting the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

First Health Services Corporation
ATTN: MAP Department/ VA Medicaid
4300 Cox Road
Glen Allen, Virginia 23060

A copy of the PA form is available online at <http://www.dmas.virginia.gov/pharm-home.htm> or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY PROCESSING POLICY

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the physician is not available to consult with the pharmacist (after hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation (FHSC) at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY DISPENSING FEE PROCESS

Pharmacy providers are entitled to an additional \$4.00 dispensing fee (brand name and generic drugs) when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

Any questions regarding the PDL dispensing process can be referred to FHSC at 1-800-932-6648 (available 24 hours a day, seven days a week).

PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST

There are two ways to download the PDL list for PDA users. On the DMAS website (www.dmas.virginia.gov), there is a link, which enables providers to download the PDL Quicklist to their PDAs. To access this link, please click on "Pharmacy Services," then

“Preferred Drug List,” then “PDL Quicklist PDA Format.” This page will have complete directions for the download and HotSync operations. If you are an ePocrates® user, you may also access Virginia Medicaid’s PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit the ePocrates® website.

To download the Virginia Medicaid PDL via the ePocrates® website to your PDA, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the “Add Formularies” link at the top of the page.
4. Log in to the website using your user name and password.
5. Select “Virginia” from the “Select State” menu.
6. Select “Virginia Medicaid-PDL” under “Available Formularies.”
7. Click on “Add to My List” and then click on “Done.”
8. Auto Update your PDA to install the “Virginia Medicaid-PDL” to your PDA.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memoranda, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (4)

VIRGINIA MEDICAID REQUEST FOR DRUG PRIOR AUTHORIZATION



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for prior authorization (PA) must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request on the basis of medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**
THIS FORM SHOULD NOT BE USED FOR PA REQUESTS FOR WEIGHT LOSS DRUGS

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

PATIENT INFORMATION

Patient's Name:

Patient's Diagnosis:

Patient's Medicaid ID#: (12 digits)

Patient's Date of Birth:

DRUG INFORMATION

Drug Name, Dosage Form & Strength:

Quantity Per Day:

Has patient had previous pharmaceutical therapy for the above diagnosis? ☐ Yes ☐ No

Does the patient reside in a Long Term Care facility? ☐ Yes ☐ No

List pharmaceutical agents attempted and outcome:

1.

2.

3.

Medical necessity: Provide clinical evidence that the preferred agent(s) will not provide adequate benefit:

PHYSICIAN INFORMATION

Physician's Name (print):

Today's Date:

Physician's Signature:

Authorization begin date:

Physician's DEA#:

Phone #: ()

Physician's Medicaid Provider ID#:

Fax #: ()

**PLEASE INCLUDE ALL REQUESTED INFORMATION
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS**

FAX TO 800-932-6651

PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE

PDL and Weight Loss PA forms are available at
<http://www.dmas.virginia.gov/pharm-home.htm> or <http://virginia.fhsc.com>.

Within these categories,
drugs that are not listed are
subject to Prior Authorization



Virginia Medicaid Preferred Drug List

Effective July 1, 2006



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

ANALGESICS

NON-STEROIDAL ANTI- INFLAMMATORY DRUGS

Diclofenac****
Diflunisal
Etodolac****
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin****
Ketoprofen****
Ketorolac
Meclofenamate Sodium
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

NON-STEROIDAL ANTI- INFLAMMATORY – COX II INHIBITORS**

Celebrex®

LONG-ACTING

NARCOTICS***

Avinza®
Duragesic® (Brand Only)
Morphine Sulfate tablets SA®
Oramorph SR®

ANTIBIOTICS – ANTIINFECTIVES

ORAL ANTIFUNGALS – ONYCHOMYCOSIS

Lamisil®

CEPHALOSPORINS – 2ND GENERATION

Cefaclor ****
Ceftin Suspension®
Cefuroxime
Cefzil® ****
Lorabid® ****
Raniclор®

CEPHALOSPORINS – 3RD GENERATION

Cedax® ****
Omnicef® ****
Spectracef®

MACROLIDES

Biaxin® ****
Erythrocin Stearate
Erythromycin Base
Erythromycin Ethylsuccinate
Erythromycin Estolate Suspension
Erythromycin Stearate
Erythromycin w/Sulfisoxazole
Zithromax® ****

QUINOLONES – 2ND GENERATION

Ciprofloxacin****
Ofloxacin****

QUINOLONES – 3RD GENERATION

Avelox®
Avelox ABC Pack®

ANTIVIRALS

HERPES

Acyclovir****
Famvir®
Valtrex®

INFLUENZA

Amantadine ****
Relenza®
Rimantadine
Tamiflu®****

ASTHMA –ALLERGY

ANTIHISTAMINES – 2ND GENERATION

Alavert®****
Claritin® OTC****
Loratadine OTC****
Claritin- D® OTC
Loratadine- D 12h OTC
Loratadine-D OTC
Zyrtec® Syrup (PA required except for
children under age 2)

BETA ADRENERGICS- SHORT ACTING

Albuterol
Alupent® MDI
Maxair Autohaler®
Proventil® HFA
Ventolin® HFA
Xopenex HFA®

BETA ADRENERGICS – LONG ACTING

Foradil®
Serevent Diskus®

BETA ADRENERGICS FOR NEBULIZERS

Accuneb®
Albuterol sulfate
Metaproterenol
Xopenex®

BETA ADRENERGIC/ CORTICOSTEROID INHALER COMBINATIONS

Advair Diskus®

COPD ANTICHOLINERGICS

Atrovent AER W/ADAP
Atrovent HFA®
Combivent®
Duoneb®
Spiriva®

INHALED CORTICOSTEROIDS

AeroBid®
AeroBid M®
Asmanex®
Azmacort®
Flovent HFA®
Pulmicort Respules®
QVAR®

LEUKOTRIENE INHIBITORS

Accolate®
Singulair®

® = Registered Trade name

**Clinical Prior Authorization required

***=Must attempt and fail two Short Acting Narcotics; unless diagnosis requires Long Acting Narcotic as first line

**** Indicates that **All** available dosage forms made for that product (for example XR, SR, Suspension, Reditabs etc) are covered without a PA. If **** is not indicated and another dosage forms exists, a PA is required.

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Phone: 1-800-932-6648

Fax: 1-800-932-6651

NASAL STEROIDS

Flonase®
Flunisolide
Nasacort AQ®
Nasonex®

CARDIAC MEDICATIONS

ACE INHIBITORS

Benazepril HCL
Benazepril HCL /HCTZ
Captopril
Captopril /HCTZ
Enalapril
Enalapril /HCTZ
Lisinopril
Lisinopril/HCTZ

ACE INHIBITORS/ CALCIUM CHANNEL BLOCKERS

Lotrel®

ANGIOTENSIN RECEPTOR ANTAGONISTS

Diovan®
Diovan HCT®
Cozaar®
Hyzaar®

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate

Bisoprolol /HCTZ
Coreg®
Labetalol
Metoprolol tartrate
Metoprolol/HCT
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sorine®
Sotalol
Sotalol AF
Timolol maleate

CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINE

Afeditab CR®
Dynacirc®****
Felodipine ER
Nicardipine
Nifediac CC®
Nifedical XL®
Nifedipine****
Norvasc®
Plendil®
Sular®

CALCIUM CHANNEL BLOCKERS- NON-DIHYDROPYRIDINE

Cartia XT®
Diltia XT®
Diltiazem****
Taztia XT®
Verapamil****

LIPOTROPICS: STATINS

Advicor®
Altoprev®
Lescol®****
Lovastatin®
Pravachol®
Zocor®

LIPOTROPICS: FIBRIC ACID

Antara®
Gemfibrozil®

LIPOTROPICS: NIACIN DERIVATIVES

Niaspan®
Niacor®

LIPOTROPICS: CAI

Zetia®

PDE-5 INHIBITORS - PULMONARY HYPERTENSION**

Revatio**

CENTRAL NERVOUS SYSTEM

STIMULANTS/ADHD MEDICATIONS

Adderall XR®
Amphetamine Salt Combo
Concerta®
Dextroamphetamine****
Dextrostat®

Focalin****®
Metadate****®
Methylin****®
Methylphenidate
Ritalin LA®
Strattera®

SEDATIVE HYPNOTIC

Chloral Hydrate
Estazolam
Flurazepam
Restoril® 7.5 mg (until generic available)
Temazepam
Triazolam

OTHER SEDATIVE HYPNOTIC

No preferred products at this time

ORAL HYPOGLYCEMICS ALPHAGLUCOSIDASE INH.

Glyset®
Precose®

ORAL HYPOGLYCEMICS BIGUANIDES

Metformin****

ORAL HYPOGLYCEMICS -BIGUANIDE COMBINATIONS

Actoplus Met®
Avandamet®
Glyburide-Metformin
Glipizide-Metformin

® = Registered Trade name

**Clinical Prior Authorization required

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First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

ORAL HYPOGLYCEMICS – MEGLITINIDES

Starlix[®]

ORAL HYPOGLYCEMICS 2ND GENERATION

SULFONYLUREAS

Glimepiride

Glipizide****

Glyburide****

ORAL HYPOGLYCEMICS- THIAZOLIDINEDIONES

Actos[®]

Avandia[®]

GASTROINTESTINAL

HISTAMINE-2 RECEPTOR

ANTAGONISTS (H-2RA)

Ranitidine

Famotidine

Zantac[®] Syrup (No PA req. For ONLY
under age 12)

PROTON PUMP INHIBITORS

Prilosec[®] OTC

Protonix[®]

Omeprazole (No PA req. ONLY for under
age 12)

Prevacid Caps[®] (No PA req. ONLY for
under age 12)

Prevacid Susp[®] (No PA req. ONLY for
under age 12)

GENITOURINARY URINARY ANTISPASMODICS

Detrol LA[®]

Ditropan XL[®]

Enablex[®]

Oxybutynin

Oxytrol[®]

Sanctura[®]

VESIcare[®]

OPHTHALMIC

ANTIBIOTIC- QUINOLONES

Ciprofloxacin drops

Ofloxacin drops

Quixin[®]

Vigamox[®]

Zymar[®]

ANTIHIISTAMINES

Elestat[®]

Optivar[®]

Patanol[®]

Zaditor[®]

ANTI-INFLAMMATORY

Acular[®]

Acular LS[®]

Flurbiprofen Sodium drops

Nevanac[®]

Voltaren drops[®]

Xibrom[®]

GLAUCOMA – ALPHA-2 ADRENERGICS

Alphagan P[®]

Brimonidine Tartrate
Iopidine[®]

GLAUCOMA BETA- BLOCKERS

Betaxolol HCl

Betimol[®]

Betoptic S[®]

Carteolol HCl

Levobunolol HCl

Metipranolol

Timolol Maleate****

GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Azopt[®]

Cosopt[®]

Trusopt[®]

GLAUCOMA – PROSTAGLANDIN ANALOGS

Lumigan[®]

Travatan[®]

Xalatan[®]

MAST CELL STABILIZERS

Alamast[®]

Alocril[®]

Alomide[®]

Cromolyn

OSTEOPOROSIS BISPHOSPHONATES

Actonel[®]

Fosamax[®] ****

Fosamax Plus D[®]

MISCELLANEOUS ELECTROLYTE DEPLETERS

Fosrenol[®]

Phoslo[®]

Renagel[®]

SEROTONIN RECEPTOR AGONISTS (Triptans)

Imitrex[®] ****

Maxalt[®]

Maxalt-MLT[®]

TOPICAL IMMUNOMODULATORS**

Elidel[®] **

Protopic[®] **

Phone Numbers for DMAS PDL Program

First Health Clinical Call Center Prior Authorization (PA) Requests

Fax: 1-800-932-6651

Phone: 1-800-932-6648

NOTE: Fax requests are responded to within
24 hours. For urgent requests, please call.

NOTE: Not all medications listed are
covered by all DMAS programs. Check
individual program coverage.

For program drug coverage information, go
to www.dmas.virginia.gov or
<http://virginia.fhsc.com>.

® = Registered Trade name

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